

RECEIVED **CENTRAL FAX CENTER** DEC 2 2 2004

95 SOUTH MARKET ST., SUITE 420 **SAN JOSE, CA 95113**

TELEPHONE (408) 971-2573 FAX (408) 971-4660

FAX COVER SHEET

Date:	December 22, 2004	Phone Number	Fax Number	
To:	Examiner C. Laforgia		(703) 872-9306	
From:	Kevin J. Zilka			
Docket No.: NAI1P090/00.176.01		App. No: 09/836,238		

Total Number of Pages Being Transmitted, Including Cover Sheet: 17

Message: Please deliver to Examiner Laforgia.

Original to follow Via Regular Mail X Original will Not be Sent Original will follow Via Overnight Courier

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DEC 2 2 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVE **CENTRAL FAX CENTER** In re the application of

Dinsmore et al. Application No. 09/836,238

SVIPG

Examiner: Laforgia, C.

Group Art Unit: 2661

Docket No. NAI1P090_00.176.01

For: SYSTEM AND METHOD FOR KEY DISTRIBUTION IN A HIERARCHICAL) TREE

04/18/2001

Date: December 22, 2004

CERTIFICATE OF FACSIMILE Thereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandric VA 22313-1459 at desimile number: (703) 872-9306 on the above date.

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Filed:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENT RATE FEE	ITY	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS		_25	05	X25 = \$	OR	X50 =	\$ 250
INDEP CLAIMS	05	05	00	X100 = \$	OR	X200 =	\$0
[] Multiple Dependent Claim Present				\$0			\$0
and Fee Not Previously Paid		TOTAL	\$			\$ <u>250.00</u>	

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351. Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAI1P090). A

copy of this sheet is enclosed for billing purposes.

Respectfully submitted, Zilka-Kotab PC

gistration No. 41,429

P.O. Box 721120 San Jose, CA .95172-1120 Telephone: (408) 971-2573

(Revised 1796)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the appl	ication of)				
Dinsmore e	et al.) G	roup Art Unit: 260	51	4 7	roidy
Application 1	No. 09/836,23	8)) E:	xaminer: Laforgia	, C.		لا توازيان
Filed:	04/18/2001) D	ocket No. NAI1P0	90_00.1	76.01	
For: SYSTEM KEY DISTRI TREE	M AND METH IBUTION IN A	OD FOR HIERARCHI) CAl.) D)	ate: December 22,	2004		
			I hareby certi	ERTIFICATE OF FACSIMI fy that this correspondence mond VA 22313-1450 or Erica L. Farlow	is/beine facs	rimile transm mbdr: (703) 8	itted to the Commissioner for 172-9306 on the above date.
Commissioner P.O. Box 1450 Alexandria, V							
Sir:	•						
Transm	itted herewith is	an amendment	in the above	-identified application	on.		
The fee	has been calcula	ated as shown b	elow.				
	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTI RATE FEE	TY —	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS INDEP		25	_ 05	X25 = \$	OR	X50 =	\$ 250
CLAIMS	05	05	_00	X100 = \$	OR	X200 =	\$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid			\$ O			\$0	
		TOTAL	\$			\$ <u>250.00</u>	
	Applicant(s) is required, A charge the re- Enclosed is o If the require	believe that no Explicant(s) hereb quired fees for an ur Check No. in	tension of Tir y petition that Extension of the amount of g or any addition	such an extension be proceed and extension be proceed to cover the addition on all fees are required tyment to Deposit According to the cover the	er, if it is or granted and 136 to De nal claim to facilitat	determined dauthoriz posit Acco fee and/or e filing the	e the Commissioner to ount No. 50-1351. extension of time fees.
				kespectfully submitte Cilka-Kotab PC Kevin J. Zilka Registration No. 41,4			
San J	Box 721120 lose, CA 95172- phone: (408) 97						

(Revised (AR))